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1626

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number:	09/746,567
		Filing Date:	December 21, 2000
		First Named Inventor:	Ramirez et al.
		Group Art Unit:	1636
		Examiner:	Pappu, Sita S.
Total Pages in This Submission:	[2]	Attorney Docket Number:	AM-00106.P.1-US

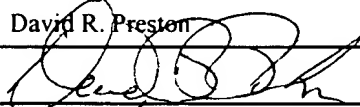
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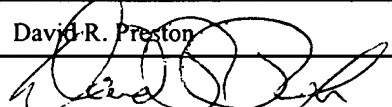
JUN 0 6 2002

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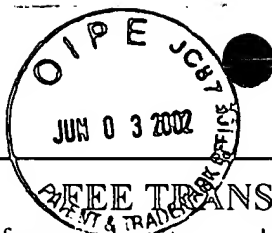
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal, Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits / Declarations(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Requests	<input type="checkbox"/> Power of Attorney, Revocation or Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Inclosures, identified below: Post Card
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts / Incomplete Application	Remarks:	
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	David R. Preston
Signature	
Date	May 21, 2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date.			Date: 5/21/02
Typed or printed name:	David R. Preston		
Signature		Date:	5/21/02

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FREE TRANSMITTAL Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.	Complete if Known	
	Application Number:	09/746,567
	Filing Date:	December 21, 2000
	First Named Inventor:	Cebolla Ramirez
	Group / Art Unit:	1635
Total Amount of Payment	\$ 0.00	Docket Number: AM-00106.P.1-US

TECH CENTER 1600/2900

METHOD OF PAYMENT
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: <input type="checkbox"/> Deposit Account Name: <input type="checkbox"/> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17 to <u>Deposit Account Number 50132</u> <input type="checkbox"/> Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance.
2. <input type="checkbox"/> Payment Enclosed <input type="checkbox"/> Check Number <input type="checkbox"/> Money Order <input type="checkbox"/> Other

FEE CALCULATION						
1. BASIC FILING FEE						
	Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
	101		201		Utility Filing Fee	\$
	106		206		Design Filing Fee	\$
	107		207		Plant Filing Fee	\$
	108		208		Reissue Filing Fee	\$
	114		214		Provisional Filing Fee	\$
SUBTOTAL (1)						\$ 0.00


2. EXTRA CLAIM FEES								
				Extra Claims		Fee Fr m Below		Fee Paid
Total Claims	[]	-20 **	Equals	[0]	Times	[]	Equals	\$ 0.00
Independen t Claims	[]	-3 **	Equals	[0]	Times	[]	Equals	\$ 0.00
Subtotal (2)								\$ 0.00
** or number previously paid, if greater, For Reissues, see below								
	Large Entity		Small Entity		Fee Description			
	Fee Code	Fee (\$)	Fee Code	Fee (\$)				
	103		203		Claims in excess of 20			
	102		202		Independent claims in excess of 3			
	104		204		Multiple dependent claim, if not paid			
	109		209		** Reissue independent claims over original patent			
	110		210		** Reissue claims in excess of 20 and over original patent			

3. ADDITIONAL FEES					
Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105		205		Surcharge - late filing fee or oath	\$
127		227		Surcharge - late provisional filing fee or cover sheet	\$
139		139		Non-English specification	\$
147		147		For filing a request for reexamination	\$
112		112		Requesting publication of SIR prior to Examiner action	\$
113		113		Requesting publication of SIR after Examiner action	\$
115		215		Extension for reply within first month	\$
116		216		Extension for reply within second month	\$
117		217		Extension for reply within third month	\$
118		218		Extension for reply within fourth month	\$
128		228		Extension for reply within fifth month	\$
119		219		Notice of Appeal	\$
120		220		Filing a brief in support of an appeal	\$
121		221		Request for oral hearing	\$
138		138		Petition to institute a public use proceeding	\$
140		240		Petition or revive - unavoidable	\$
141		241		Petition or revive - unintentional	\$
142		242		Utility issue fee (or reissue)	\$
143		243		Design issue fee	\$
144		244		Plant issue fee	\$
122		122		Petitions to the Commissioner	\$
123		123		Petitions related to provisional applications	\$
126		126		Submission of Information Disclosure Statement	\$
581		581		Recording each patent assignment per property	\$
146		246		Filing a submission after final rejection (37 C.F.R. 1.129(a))	\$
149		249		For each additional invention to be examined (37 CFR 1.129(b))	\$
Other fee (specify):					\$

Fee Transmittal
Corresponding to PTO/SB/17

	Subtotal (3)	\$ 0.00
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4. SUMMATION OF FEES	
SUBTOTAL (1)	\$ 0.00
SUBTOTAL (2)	\$ 0.00
SUBTOTAL (3)	\$ 0.00
TOTAL FEES	\$ 0.00

SUBMITTED BY			Complete (If Applicable)	
Typed or Printed Name	David R. Preston		Registration Number:	38,710
Signature		Date: 5/2/12	Deposit Account User ID Number	501321